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| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2006</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  | <b>Docket Number (Optional)</b><br>BDW-010.01                              |
| Application Number      10/753,417  | Filed      January 9, 2004   |
| For      METHOD OF DETECTING ANTIBIOTIC RESISTANCE IN MICROORGANISMS  |  |
| Art Unit      1645  | Examiner      L. J. Tongue   |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |  |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |  |
|   | <u>Fee</u> <u>Small Entity Fee</u>   |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$120                          \$60                          \$ _____      |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$450                          \$225                          \$ _____     |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$1020                          \$510                          \$ 1,020.00 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1590                          \$795                          \$ _____    |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2160                          \$1080                          \$ _____   |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.<br><input type="checkbox"/> A check in the amount of the fee is enclosed.<br><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  |  |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.<br><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to<br>Deposit Account Number      06-1448,<br><u>Ref. BDW-010.01</u> . I have enclosed a duplicate copy of this sheet.  |  |
| I am the <input type="checkbox"/> applicant/inventor.<br><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).<br><input type="checkbox"/> attorney or agent of record. Registration Number _____<br><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34      57,961 _____. |  |
| _____<br>/Charlene A. Stern-Dombal/<br>Signature  | _____<br>December 22, 2006<br>Date   |
| _____<br>Charlene A. Stern-Dombal<br>Typed or printed name  | _____<br>(617) 832-1738<br>Telephone Number                                |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representatives(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of      1      forms are submitted.